



Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Agency:	Missouri State Highway Patrol				
Serial Number:	MP2202				
Manufacturer:	Guth				
Model Number:	12V500				
	<u>(</u>	CALIBRATION RESULTS			
	:	Reference Temperature 34.03	Simulator Temperature 34.02		
This calibration was NIST-Traceable The	-	307715			
This simulator was tested by:		JLC	**************************************		
This testing was performed:		07/02/15			
This certification expires:		07/02/16	***************************************		
Signature of certifying	ng DHSS Scient	ist:	. /_		
Name of certifying DHSS Scientist:		Brian M. 1	Lutmer		



Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Heaning and Speech Impaired 1-8/0-735-2966 VOICE 1-800-735-2468

Gall Vasterling



Jeremlah W. (Jay) Nixon Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

BREATH ALCOHOL SIMUL & TOR TEST WORKSHEET

Test Simulator Infor	mation	1.3	~				
Agency	Missou 127 Scarettishing Paras/						
Email for COC	jimmy.cleveland@mshp.dps.mo.gov						
Serial Number:	MP27.007						
Tracking Number:							
Manufacturer:	Guth						
Model Number:	12V500						
BAP NIST-Traccable Reference Thermometer Information							
Scrial Number: 307715							
Date of Certification:							
Date of Expiration:	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Test Simulator Measurements							
	Readings	Reference Thermometer	Test Simulator				
	1	34 03	34 N7				
100 m	2	34,00	34 787				
	3	34 X2	34.00				
	4	34 63	34.00				
	5	346/23	34.02				
Bias (δ_T) :							
Technician performing testing: Timmu L. Oleveland							
I hereby certify that all data of Breath Alcohol-Simulator	submitted within the smul 19 OSR 25-3	nis form was collected in 0.051, <u>Breath Analyzer (</u>	accordance with the DHS Calibration and Accuracy	S Procedure for the Testing Verification Standards.			
Signature:	DL		Date: 7-2-/	<u></u>			
Submit completed forms for simulator certification to DHSS Breath Alcohol Program by fax at (573) 840-9139 or by email at brian.humer@health.mo.gov or breathalcohol@health.mo.gov.							

www.hoolth.mo.gov

Healthy Missourians for life. The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.